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No. 18.

REPORT OF CASES.

[Communicated for the Boston Medical and Surgical Journal.]

*Case of Poisoning from Bad Dentistry.*—I was called to see James Bowen, in Coventry village. I found him laboring under febrile action, with an eruption on the lips resembling that commonly called "cold-sores," and as such I regarded it. The tongue was red on the tip and edges; the centre and posterior part was covered with a thick white coat. I treated the case with what I considered appropriate remedies, for three days, without much improvement in any of the symptoms. At this time there appeared an erysipelatous eruption upon the entire surface of the body. It appeared in minute red points, spreading rapidly in a circular form, and becoming confluent, giving the entire surface a red and puffed appearance, closing the eyes in less than twelve hours. I found the tongue covered with ulcerating patches, and the lining membrane of the mouth much inflamed. While examining the mouth, I discovered a plate running across the roof, to which was attached an artificial incisor tooth. As the symptoms had been somewhat anomalous from the beginning, and did not yield to remedies, but on the contrary increased in violence from day to day, suspicion rested upon that plate as being the offending cause. I stated this as my opinion, but the patient thought it could not be possible, as he had worn it for four years. Not being satisfied under such circumstances without an examination, I removed the plate, and there found the cause of all the mischief. At the point where the tooth is attached to the plate, I found a mass of corroded metal as large as half a pea. It had passed out from under the plate, was diffused throughout the mouth and conveyed with the saliva into the stomach. All the violent symptoms disappeared in a few days. Upon inquiry I found that the tooth had been broken from the plate and was soldered on by a travelling or itinerant dentist, for which he charged and was paid one dollar. The patient had since worn it about four months. The plate was good gold, but the solder was some pernicious compound, applied by an ignorant and unprincipled pretender, whose name to the patient is unknown.

*Case of Typhus, with Perforation of the Bowels.*—Willard Albee, æt. 35, was attacked with fever about the middle of October. His symptoms were violent pain in the head, with a severe hard cough, pulse

90, tongue clean and moist. In three days the cough and pain had nearly ceased, and the only prominent symptom was extreme wakefulness, and anxiety in relation to the termination of the disease. The bowels were kept regular by oil, and one tablespoonful would operate in four hours. The head was hot throughout the course of the disease, but not the slightest symptom of abdominal disease could be detected. On the morning of the ninth day, he was attacked suddenly with a sharp pain just above the pubis and referred to a single point. Continuing to increase in violence, and the urine being suppressed, I evacuated the bladder with a catheter. No relief followed, and I applied fomentations and gave an anodyne. The pain continued until evening, when Dr. Usher Parsons, of Providence, saw the patient with me. There was then a little subsultus, but not the least delirium. Dr. P. mistrusted perforation, and advised to increase the anodyne and continue the fomentations, with absolute rest. The abdomen was at this time flat, hard, and rigid, from the spasmodic action, as it appeared, of the abdominal muscles. There was much tenderness over the abdomen at this time. Under the influence of the fomentations and a free use of anodynes, the pain soon began to abate, and in six hours entirely ceased. The muscles became relaxed, the abdomen began to enlarge, and the tenderness to abate. He sank rapidly, and died in about forty hours after the first abdominal symptom was developed. His abdomen became enormously distended, he had singultus, and a few hours before death eructations of gas, with fluid nearly as dark as black ink. This, together with a sanguineous and fetid fluid, continued oozing rapidly and constantly from the mouth and nostrils after death. No examination of the body was made.

This unquestionably was a case of perforation of the small intestines from ulceration of Peyer's and Brunner's glands—a rare and uniformly fatal termination of typhus. M. Louis, of Paris, found it in six out of fifty of his fatal cases. We may learn, at least, from the above case, to what an extent disease in the small intestines may advance without being detected by any one prominent symptom of abdominal disease, or, I may say, without any presumptive evidence, save the character of the malady in which it occurs.

H. N. MATTISON.

*Centreville, R.I., Nov. 17, 1847.*

P. S.—I am treating a case of diabetes of three months' standing, in a young and otherwise robust man, aged 30 years. He voids twenty-five pints of saccharine urine in twenty-four hours. The twenty-five pints yield about eight ounces of solid saccharine matter. Anything new in the pathology or treatment of this intractable disease would be thankfully received from yourself, or from any of the numerous readers of your valuable Journal.

H. N. M.

## NOTES FOR A MEMOIR ON THE PATHOLOGY OF THE TEETH.—NO. IV.

By A. C. Castle, M.D., Surgeon Dentist, N. York.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE subdivided this class of teeth into three groups, the *opaque chalky white* teeth, the *transparent yellow* teeth, with clear blue cutting edges, and the *opaque yellow* chalky teeth. All these classes of teeth denote a strumous diathesis. They exhibit peculiar individual characteristics, and in none can the effects of the elaborate secretory processes be observed more clearly than in the *imperfect* combinations, depositions, formation and defective ossification to be observed in these teeth. Lime predominates in their structure, hence they are soft, brittle, and easily fractured, not unfrequently crumbling in the mouth without any apparent cause. They are exceedingly delicate, and very tender, highly susceptible of the impressions of heat and cold, and the juices of fruits and sweetmeats. More departures from the natural position of the teeth are to be observed in this class than in any other, which may be attributed to the bones of the jaws, and the alveoli, partaking of the same constitutional character. The alveoli in these cases are thin, frail, inelastic and unyielding, the teeth assume an irregular or crowded position, and there remain, unlike, and in contra-distinction to the healthy action and provision of nature in perfect and well-constituted systems of the animal economy, where the teeth—of course making due allowance for the different physical formations of the maxillary bones in the different races of man—make their appearance in all sorts of irregular fantastic positions, but like a well-trained band, without any adventitious professional ! aid, gradually fall into their respective positions with undeviating regularity. Here I may be permitted to express my conviction of the GREAT IMPROPRIETY of extracting the *deciduous* “to make room” for the permanent teeth. Spots of almost pure lime, of various colors, from chalk white to a dirty brown, are frequently seen on the face of some of this class of teeth. In others, deep indentations or holes, in regular and irregular longitudinal and horizontal lines, or indiscriminately over the surface of the enamel, where the secretions evidently from some cause had been rendered imperfect, or been interrupted while making their deposits, thus preventing the completion of the ossifying process as well as of the perfectly crystallized formation of the enamel—a deficiency frequently to be observed. Again, the enamel in spots is altogether wanting upon the faces or sides of several of the *incisors*, and particularly upon the manducating points and surface of the molar teeth, little juttings of calcareous matter occupying its place.

The transparent yellow teeth, with clear blue cutting edges, exhibit the incipient tendency to an excess of *gelatine*, but as yet the deposition of lime is uniform throughout. The decay of this group is rapid, as is that of the other groups of this class, with this difference, however, that it is more uniform in its devastation.

It not unfrequently happens in the first group of this class of teeth, that in cutting down upon the decayed spot, the instrument will slip into

and excavate almost pure lime, friable, soft, brittle and comparatively dry. On this being removed, the instrument comes in contact with a soft portion of the tooth, almost cartilaginous in its structure, evidently showing that the secretive powers had not acted in unison, that the depositions had been imperfectly or at different periods thrown out, and their proper combination and solidification but partially completed. In health, this cartilaginous portion of the teeth is tender; often mistaken, when touched, for the nerve. In disease, it is very painful, and in none, if we except the class hereafter mentioned, have the nerves such an intimate sympathy with the structure and substance as they have with these teeth, their sensibility being similar to the first class upon touching the amber-like secretion while in process of deposition. This, perhaps, may be accounted for, in accordance with the views of "Hunter," of "nervous matter" in the vital fluids, and named by "Dr. Horner" "*materia vitæ diffusa*."

The next group of this class of teeth, the opaque chalky yellow teeth, possess an uniform excess of lime in their structure; they are exceedingly friable, crumbling in the mouth, seemingly, without any assignable cause. These teeth hold their positions in their alveoli, by a still more frail tenure than those of the preceding class. The periosteum, as in all strumous or scorbutic constitutions, is thicker, the gums flaccid, spongy and unhealthy, easily affected, and disordered upon the slightest constitutional irritation. When in perfect health, the gums are thin, delicate and remarkably transparent. These teeth, also, when their health and integrity are unimpaired, presenting an apparently perfect state, are regular and uniform in color. They usually, between the ages of 12 and 30, are simultaneously affected either in pairs, or by a partial or general devastation. In those teeth presenting the phenomenon of imperfect depositions and combination, the limy spots quickly crumble away, or the clefts and indentations of their surface are filled with vitiated matter and juices of the mouth and stomach, which, uniting with the atmospheric agents, combine, and by their chemical influence in a short period complete their destruction. The rapid combination of the acids with the lime of the teeth, speedily converts it into the *oxalates, acetates, carbonates, &c.* In none is this baneful effect more fully exemplified than in young females just budding into womanhood, who are led, from a morbid and eccentric appetite, to partake freely of lemons, limes, and other acid fruits, "pickles" and other indigestible trash. The result is the total loss of the teeth, or the retention only of their blackened remains, like dilapidated tombstones, presenting a sad *memento mori* of these deservedly-prized ornaments of youth and beauty. Where these teeth remain good during the virgin state—and the remarks also apply to the former class—a material difference presents itself consequent upon the state of utero-gestation. Gastric and biliary sympathy with the matrix, depraved appetite, gastric acids, "heart burn," and acidified eructations, soon produce, from these remote and exciting causes, their irritating effects upon the teeth, and undermining their crowns close along the line of the embracing gums, they either break



off, or cause so much pain as to insure their extraction, thus inflicting a real as well as "sympathetic and symptomatic" toothache. The *dentes sapientiæ* of this class make their appearance between the ages of 17 and 25, sometimes apparently perfect, but upon close inspection they are found to present a greater or less degree of disorganization, and, strange enough, will often remain in their integrity (such as it is) for a considerable period.

That these groups of teeth are to be found in constitutions of the *sero-lymphatic* temperament, ordinary observation will demonstrate. It does not necessarily follow, that because the parent may present a nervo-sanguineous temperament, and perfect dental organs, the offspring shall do the same. Scorbatic and strumous cachexia may be superinduced in the offspring of healthy parents, from various causes. Bad provisions and errors in diet I regard as constituting the most fruitful source of scorbatic disease. A very striking illustration of the salutary results of properly regulated diet and regimen, is presented in the case of the Jewish race, that once "highly-favored people," with temperaments the same as other races of human beings—but their observance of the Mosaic code has, I doubt not, largely contributed to their remarkable exemption from scorbatic diseases. Phthisis is almost unknown amongst the Hebrews. The Indian races and the African tribes which adhere to their primitive diet—similar to that prescribed by the wisdom of the Jewish lawgiver—enjoy the same immunity.

Fresh and salt pork excites the strumous diathesis; fish does the same. Live upon the fish called "porgies" for two or three weeks, and observe the effects on the nervous system and on the skin. Sailors I conceive indebted much more for the scurvy, so destructive to them, to the pork they eat, than to the "salt" which preserves it. If it were this material that caused it—why they breathe, they absorb it in every possible manner; they live in salt dissolved, or held in the atmosphere; they are in fact, what they have been humorously named, "salts." I do not believe that the blood will admit more salt in solution than any other fluid will dissolve, more than a certain quantity of matter, without being decomposed, and affecting its temperature, and producing certain disease, which may and does result in death. During the period of Admiral Lord Anson's voyage round the world, this dreadful disease made sad havoc in his fleet, and one of the phenomena attending the scurvy was the parting of the junction of fractured bones, which had been for years healed and well knitted together, by the usual bony deposits—by the absorption of this recent deposition of bony matter. This deleterious food is no longer used as an article of diet at sea, to anything like the extent that it was a few years since. Farinaceous food, tea, coffee, cocoa, sugar, butter, vinegar and preserved vegetables, are supplied in its place, which with other sanative measures adopted, have resulted in the improvement in health of the American and British marine, and the comparative absence of this disease.

We have here, also, the proof of the innate vital restorative powers of the teeth. I have examined many seamen (having been Assistant Surgeon

in the Marine Hospital at Monte Video during the war between the Brazilian Empire and the Buenos Ayrean Republic in the years 1825 and 26), and found that the teeth, originally indifferent, had, by a healthy change in constitutional diathesis, become sound, strong and perfect; whilst in others it was the reverse. I saw also the alertness of nature to supply the means of restoration in the teeth, in the secretion of the amber-like deposition, as they were abraded or worn down, consequent upon their peculiar diet. So general is this abrasion of the teeth, with regular seamen, that the same phenomenon may be observed in almost each class of teeth.

The crew of the vessel in which I was embarked on the voyage to South America, after being nine weeks at sea, caught some fish known as "albicore." They were prepared and fried in lard, and every man, except the cook, who very "knowingly" declined the "fresh" provisions, was seized with violent vomiting and great distress in the region of the right hypochondrium, accompanied by severe headache and fever. It was necessary to shorten sail, the captain, myself and cook keeping "watch and watch." On the third day the fever yielded to remedies, and the skin after a few days desquamated. The seamen attributed the affection to copperas! "the fish had eaten from off the decomposed surface of the copper on the bottom of ships"! Upon examining some of these fish, as well as some "dolphin" and "boneta," I found numerous small parasitical *vermes* between the peritoneum and the abdominal muscles. I know not if this be a disease, or natural to them—such, however, are the facts.

On certain parts of Long Island, the fact is well known of the depravity of the blood superinduced from fish-diet and fish-malaria. The finny tribe being much used for manuring the land—city people combining these articles of diet, with a semi-aqueous putrescent cow's (?) milk, of such a nature that it has only the power to ferment to putrefaction—and being at the same time subjected to a very variable climate—is it to be wondered that strumous diathesis is so speedily produced, and which, as I shall be able to show, is the proximate cause of the defective characteristics of this class and these groups of teeth.

*Erratum.*—Vol. xxxvii., No. 15, p. 296, 17th and 18th lines from the top, for "until the teeth meet closely together and cease to come in contact"—read, until the teeth *either* meet closely together, or cease to come in contact.

#### RESPIRATION OF ETHEREAL VAPOR.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE had, during the past summer, several occasions to put this agent for the extinction of pain, to severe trials, with uniform and complete success. The nature of the cases in which I have adopted it, presents nothing remarkable in a pathological view, and it is to bear my testi-

mony to the priceless value of this great boon to suffering humanity that the present remarks are offered.

The first trial was for disarticulation of a second finger-joint, in which sensibility was exalted by a state of acute inflammation. It was accomplished without suffering, the patient being in a condition of complete immobility. There was not, indeed, the slightest resistance to the knife, and this is one of the incomprehensible phenomena induced by the respiration of ethereal vapor, a state of total impassibility.

The second trial was for amputation of the forearm, for caries of the carpal bones. The vapor was administered by applying a saturated sponge to the lips, closing the nostrils during the inspirations. Unconsciousness was induced by twenty respirations, and the operation, including the dressings, was completed without the slightest comprehension of suffering. As in the foregoing case, the member upon which mutilation was made was entirely impassible, a condition of infinite importance to the operator, he being conscious that the severe duties of his office are performed without giving or receiving pain. While the patient is saved from indescribable torture, the surgeon, too, is saved from the trying necessity of compressing his sensibilities.

A third trial was for amputation of the thigh. The patient was a young woman, 19 years of age, who had long suffered from carious ulceration of the knee-joint. Insensibility and immobility were speedily induced, and all the steps of the operation finished without suffering and without recollection! The time occupied was a blank space in the life of the patient. In this and in the preceding case the effects of inhalation were prolonged by repeated applications of the sponge upon the first indications of returning consciousness. In these several cases the double flap method was adopted, and the subsequent progress of cure was favorable; the shock upon the nervous system being mitigated, reaction quickly follows.

I have on one or two occasions been perplexed to know whether ethereal respiration was admissible, and from cautiousness have refrained from its administration. In a case of amputation of the breast, I hesitated, fearing that cerebral disturbance might be induced; but I regretted this decision, as the operation, although brief, was dreadfully painful. In a case of accident, complicated with fracture of the cranium, I did not think it prudent to employ it. By premature explosion when charging a rock, a workman had his hand and wrist shattered to pieces, and he was otherwise severely injured and burnt. While examining the eyes, small particles of brains were observed above the inner and superior portions of the orbit, which led to the discovery of a small orifice through the integuments and frontal bone, from which the exudation occurred. A probe passed through this orifice penetrated to the depth of four inches; yet there were no intellectual manifestations of structural cerebral injury. It could not be determined in what manner this singular wound was made; the orifice of the bones barely admitted the tip of the little finger, and the probe detected no fragments of rock at the bottom of the wound. The patient lay in a state of indifference,

although perfectly conscious when his attention was aroused; and in consequence of this injury of the brain, the mutilated arm was amputated without respiration of the pain-extinguishing vapor. The recovery of the patient was tedious, the eye implicated by the penetrating wound of the brain, being irretrievably lost.

JAMES DEANE.

*Greenfield, Nov. 22, 1847.*

DR. WILLARD PARKER'S CLINQUES AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK CITY.

Reported for the Boston Medical and Surgical Journal by an Assistant Physician of Bellevue Hospital.

NOVEMBER 15th.—Case I. Male, aged 50; by occupation a weaver. Has been unwell since the first of January last; is somewhat in the habit of drinking; appetite bad; tongue coated, edges red; pulse, when first examined, 120 in a minute, afterwards, when the patient became calmer, 96; upon which Dr. Parker remarked that we ought to be very careful in examining the state of the circulation, and recommended noticing the patient's pulse at the last as well as first part of an examination. Bowels regular; feet swollen; pain in the head at night, and when stooping; difficult respiration after sudden exertion, or when going up stairs; coughs night and morning, expectorating a thick greenish matter; passes water freely, sometimes two or three times in a night. The question is, whether there is disease of the substance of the lungs. The man does not appear formed for phthisis, but rather apoplexy; his age, also, forbids it. By occupation he is a weaver, which in itself is unhealthy, on account of the position of the operative and confinement in doors; this patient seems to be pale on this account. Was sick years ago, and salivated; probably had disease of the liver. Is becoming emaciated. Had pleurisy in the right side thirteen years since. Upon examining his chest externally, the left side appears the fullest under the clavicle, and upon taking a full inspiration, expands with the most freedom. Upon percussion, a dull flat sound is elicited, both on the anterior and posterior regions of the right side. Auscultation reveals prolonged expiration on both sides, which is one of the earliest symptoms of phthisis; also bronchial respiration and bronchophony. The patient lies mostly on the left side, and Dr. Parker remarked, that in the early stage of disease of either lung, the patient would recline upon the well side in order to give the diseased lung the advantage; whereas, as the disease progressed, it would be the reverse. Diagnosis—incipient phthisis; has tubercles in both lungs. Prognosis, probably unfavorable; however, may live for years. Treatment, recommends going to sea or exercise in the open air.

CASE II.—A child, aged about 4 years, of scrofulous diathesis. Nine weeks since received a wound upon the ring finger under the nail, while endeavoring to open a peach stone. Violent inflammation had supervened, gradually destroying the soft parts as far as the first articu-

lation, and leaving the bone exposed. The bone, after a short time, fell loose from its connection, and the disease progressing, ulceration of the soft parts round the second phalanx followed, leaving the bone exposed as before. There remained at present only one phalangeal bone, which was wholly exposed. The edges of the ulcer were everted, and here Prof. Parker remarked, that it looked as if it were of malignant character. This was the appearance last week. The dead bone was removed, and the ulcer dressed with simple cerate. This week it looks worse. The parts surrounding the ulcer are of a dark red, almost copper colored. Dr. A. H. Stevens, President of the College, being present, made some general remarks upon injuries of the hand, and the danger of the formation of pus under the palmar fascia. He recommends making free incisions with a lancet or scalpel, where the inflammation is intense, preferring this mode of treatment to leeches, and related a number of cases he had treated in this manner successfully. In reference to the case in hand, he was at a loss what to think of it. Could not name the disease, but thought he could treat it; he thought it had made too rapid progress to be malignant. There was swelling of the glands in the axilla, which was probably caused by the irritation. The question of amputation arose; in fact, the father of the little girl insisted upon it, but it was thought wholly inexpedient, on account of the great constitutional irritability and predisposition to gangrene. Recommended a poultice of carrots boiled and mashed; laxatives, anodynes, rest, good diet, &c.

**CASE III.—Male.** Fracture of the clavicle. This man, sixteen weeks since, fell from a height of twenty-two feet upon his shoulder, fracturing the clavicle at the external third. At this time he is unable to raise his arm, which must arise from one of three causes—first, paralysis of the circumflex nerve going to the deltoid muscle; second, want of use; or, third, some mechanical displacement. In this case it appeared immovable on account of the manner in which the bone had united, the acromion end protruding. Directed showering with cold water.

**CASE IV.—Child.** Has strumous ophthalmia. The mother has tinea scillæaris. Prescribed, as a local remedy, nit. argent., grs. x.; ceras simplex, ʒj. M. Ft. ungt., a little to be applied at the outer canthus of the eye twice a-day. As a constitutional remedy, one sixteenth of a grain of chloride of mercury to half a drachm of Huxham's tincture. Exercise in the open air, bathing in salt water, and not too rigid exclusion from light.

**CASE V.—Female.** Has recently recovered from ship fever, and is at present suffering from the sequela—loss of hair, speech, use of left hand and foot, which is probably the result of congestion of the brain, the blood being vitiated. Good appetite; sleeps well; bowels regular; has some glandular swellings on the face, and an eruption on the alæ of the nose resembling lupus, viz., small tubercles, which change after a time into superficial spreading ulcerations, more or less concealed beneath furfuraceous scabs. Sir Astley Cooper thought that lupus con-

isted in an ulceration of the sebaceous glands or follicles of the nose. The cartilages, and even the whole nose, are frequently destroyed by the progressive ravages of this peculiar disorder, which sometimes cannot be stopped or retarded by any treatment, external or internal. Recommends for this patient, good diet and frictions, as she is too much debilitated to take much exercise.

K—Y.

*New York, Nov. 20th, 1847.*

#### HISTORY OF JANE McMURPHY'S CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having observed a communication in your Journal of Nov. 3d, entitled “A New Physical Sign,” from the pen of Dr. H. J. Bigelow, relative to a peculiar form of disease of which Jane McMurphy, a recent patient at the Hospital, was the subject, I have thought (as she was a patient of mine during the first stages of the disease) that the early history of its progress might prove interesting, if it did not serve to throw light upon the probable cause of its origin.

Miss McMurphy is the daughter of unusually healthy parents, and up to the period of her first attack enjoyed comparative health. The first knowledge that I had of her suffering was early in the spring of 1844, when she applied to me, while attending her sister, to remove from her ear a piece of tobacco, which she said had been put in a short time previous for the relief of a severe earache, and had been a constant source of irritation since, greatly aggravating the original pain; which led me to suppose that her trouble arose from simple otitis, although there were no external signs of inflammation. The tobacco was removed, after softening the wax around with tepid water and soap, *without the aid of force or long trial*. Of its identity there could not be the shadow of a doubt. After this, no further attempt was made for the removal of tobacco, and the only internal application made while she was under my care, was warm water and soap, injected for the purpose of removing the morbid secretion of wax which accumulated rapidly, giving evidence of some source of irritation, which she constantly affirmed arose from a substance still retained within the ear; but in no instance was there sufficient force used to cause pain. The only remedies applied topically during the period that she received treatment from me, which was for the space of about a year, were sedative frictions over a surface around the mastoid process, previously irritated by an application of cantharides or croton oil. *The latter probably answers to the burning or caustic fluid alluded to in Dr. B.'s article*. Indeed, from her age, and the apparent benefit derived at times from constitutional remedies in the mitigation of her periodical attacks, together with other peculiarities, I had abundant reason to believe her disease in a measure symptomatic, and was guided in my treatment chiefly by constitutional indications. The locality of the pain frequently changed, and at all times appeared mainly to affect the head and neck in the region

of the ear upon the side implicated, without ever confining itself distinctly to the ear, as is usual in any of the forms of inflammation. By referring to the record of her case, I find that she frequently complained of a sore throat, and difficulty of swallowing, at which times the fauces were much inflamed, the tonsils enlarged and covered with papular eruptions, accompanied with external tumefaction, extending from the mastoid process to the apex of the chin, involving the glands of the neck, and affording grounds for the belief that suppuration might take place. At the time when I left Derry (which was about two years since), she was comparatively free from pain, and the symptoms of her complaint, and probably received from the physician in whose charge I left her case, every attention, in accordance with the dictates of a superior judgment. An interpretation of the unfavorable character of Dr. Wallace's officious report relative to her treatment previous to falling into his hands, may be found in the fact that we were once candidates for practice in the same village. On my return to Derry, after an absence of nearly a year, I found her suffering from the present form of disease, the only marked feature of which is the contraction of the uvula, and the accompanying muffled tick, with slight inflammation of the adjoining parts, which evidently arises from an interruption in the transmission of nervous power, rather than the disorganization of parts, as there are none of the usual signs of constitutional disturbance present to warrant such conclusions.

Yours respectfully,

November 6th, 1847.

E. R. SMILIE.

#### BRUNNER'S GLANDS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Bartlett, in the first edition of his essay upon Typhoid and Typhus Fevers, has the following passage. "The only remaining alterations found in the small intestine, of which it is necessary to speak, are those of the *isolated follicles, or Brunner's glands*." The second edition of the same work, just published, has the same sentence.

The author has evidently confounded two classes of follicles, entirely distinct, in their shape, size, and situation—and probably in their office; and it is very remarkable that Louis makes the same error, as will be seen in the following passage from the first edition of his *Researches on Typhoid fever*. Under the head of *Solitary Crypts, or Brunner's Glands*, he says, "these crypts, which in their natural state cannot be seen, were found between the patches more or less seriously diseased, in twelve cases, through a space of two or three feet, rarely greater; *they were always near the cæcum*," &c. It will only be necessary to cite descriptions of these two classes of glands from an anatomist and a physiologist of authority.

Wilson, in the *Anatomist's Vade Mecum*, describes four distinct varieties of glands which are found in the small intestine:—"duodenal glands (Brunner's), glandulæ solitariae, glandulæ aggregatae (Peyer's),

and simple follicles (Lieberkühn's)." He also says of Brunner's glands, "*they are limited to the duodenum.*" Of the solitary glands, he says, "*they are chiefly found in lower part of the ileum.*"

Carpenter, in the Principles of Human Physiology, describes very fully all the follicles of the alimentary canal. In the description of the *glandulæ agminatæ* of Peyer, he says, "similar bodies, however, known as the *glandulæ solitariae*, exist separately in the lower part of the small intestines; where they have been confounded with the glands of Brunner, *which do not extend beyond the commencement of the jejunum.*"

Boston, Nov. 24, 1847.

W. HENRY THAYER.

#### SURGERY AT BUENA VISTA.

By W. B. Herrick, M.D., Professor of Anatomy in Rush Medical College, and late Surgeon 1st Regiment Illinois Volunteers.

OUR small army, of about 5000 only, mostly volunteers, under the command of Gen. Taylor, was occupying the position of Agua Nueva, ten miles from San Louis Potosi, when it began to be reported in camp that Santa Anna, with a force of more than 20,000, was on his march from the latter place to attack us.

Rumors of the enemy's advance had arisen frequently, and caused so many false alarms in camp during the winter, that but little credit was given to this report, until after the return of one of our reconnoitring parties with the report of having actually passed through the enemy's encampment not sixty miles from us, and within one day's forced march of our position.

Early on the morning of the 22d, Santa Anna arrived at Agua Nueva, at which time and place he had evidently intended to attack us. But in this he was disappointed by a prompt movement of our commanding general, who had in the meantime abandoned this comparatively weak position, leaving a few waggons and some stores in order to give the appearance of his having retreated precipitantly, and taken possession of the pass near the place, now so justly celebrated, called Buena Vista.

By dawn of day on the morning of the 22d, all our pickets had been driven in by the advance of the Mexican Army, and by 10 o'clock, A. M., the main body could be plainly seen from our position, advancing in dense columns, marked by clouds of dust, extending as far as the eye could reach.

During this time an occasional volley of musketry could be heard, showing that skirmishing had commenced between our small detachments stationed at our outposts and the enemy, but as yet no wounds had been received on our side requiring the attention of surgeons.

It was soon discovered that the front of the enemy's advancing column had halted about a mile from our position, for the purpose, as was evident, of allowing time for the divisions still in the rear to arrive and take their positions in the vast line, which continued to lengthen



till it had extended itself from left to right, across the valley, to the very base of the mountain, a distance of nearly a mile.

The first demonstration of the enemy against our line, was an attempt made by them to get possession of a spur of the mountain which commanded our left flank. To oppose this movement, a detachment of our riflemen was sent to occupy a like elevation to the left of our line, with orders to oppose, and if possible, to drive them from the position.

It was between these two detachments that the action commenced on the afternoon of the 22d, and continued till dark of that day.

The wounds received, upon this first day of the battle, were mostly from spent balls, but few proving serious, and not more than two or three fatal. The extraction of a few balls, and the application of simple lint and bandaging was, therefore, so far as I know, all the surgical aid required on the evening of the 22d.

By dawn of day on the 23d the action was again commenced between the two contending parties, both of which had kept their respective positions upon the mountains during the night, and by 9 o'clock the whole enemy's force was seen advancing to attack us.

The different surgeons, with their stewards and such others as had been detailed to assist in taking care of the wounded, had already stationed themselves at convenient points near their respective regiments, ready with a plentiful supply of instruments, ligatures, bandages, splints, &c., for the arduous and responsible duties of the day.

Up to this time we had had leisure to watch the movements of the enemy, and time to indulge in some not very pleasing anticipations with regard to the result of the approaching contest. The action, however, soon commenced, as it seemed to us by a simultaneous discharge of musketry from both the opposing lines, and in a short time after, all thoughts upon other matters had vanished to give place to feelings of responsibility, and intense anxiety to determine correctly what to do in some cases, and what attempt in others, where to cut for a ball, and how to dress a fracture; or in case of shattered limbs, if to amputate at once, or attempt to save them.

From the hour of the attack, made upon us by the main body of the enemy, in the morning, up to a time long after their retreat at night, the labor both of body and mind, of every surgeon upon the ground, was both unremitted and constant; for it was constantly happening during the day, that long before all the cases consequent upon one charge upon the enemy could be disposed of in the most cursory and hasty manner, another desperate onset would be made, to add to the number of the unfortunate still lying around us, waiting for surgical aid. Surgeons upon every part of the field were constantly being called on, amidst the din of battle, and frequently in positions as exposed as any, to attend to important cases—requiring good judgment and the best professional skill.

It would naturally be supposed that at such a time, and under such circumstances, many cases must have been entirely neglected, or, if not, improperly treated. It gives me pleasure to say, on the contrary, that

the opportunity which I had, the day after the battle, of seeing most of the wounded and assisting in dressing such wounds as required attention, enables me to state that such cases were extremely rare.

The most common practice adopted by the different surgeons upon the field, was, in cases of gun-shot wounds, to extract, if possible, all foreign substances, and in cases where balls could be felt, too far from the external wound to admit of the use of the forceps, to cut for and extract them. A simple pledget of lint, and bandage, were, in most cases, all the dressings used or required. In some few cases compresses and tight bandaging were necessary to arrest hemorrhage. But few, if any cases, that I am aware of, required ligation of an artery to stop bleeding; a fact easily accounted for, when we recollect that the divided extremities of vessels in gun-shot wounds are necessarily jagged and contused—a condition, as is well known, favorable to the coagulation of the blood within them, and consequently, to the prevention of hemorrhage. In cases of fractures, most of which were necessarily both compound and comminuted, the common practice was to extract all pieces of bone that were found so detached as to endanger their vitality, and to remove, as in flesh wounds, all foreign substances, that could be readily found, and then to apply bandages and splints, as a temporary means of preventing motion between the fractured ends.

With regard to amputations upon the field, the rules generally adopted—were to amputate at once whenever the principal vessels and nerves of a limb had been destroyed, in cases of a fracture where the bones were found very much shattered, and in instances where important joints had been much injured.

In connection with this subject I will remark that the result of my experience, both upon the field, and in the hospitals after the battle, is to convince me that the surgeon's most responsible and important duty upon the field, is to determine in the different cases when to attempt to save a limb, and when to amputate; for in a great majority of instances, so far as my knowledge extends, primary amputations were followed by favorable, and secondary by unfavorable results.

In regard to the primary treatment of gun-shot wounds, I will state, that if any mistake was committed by the surgeons, myself included, it was, in my opinion, in not being particular enough to explore thoroughly the cavities and free them from all foreign substances, such as bits of lead, cloth, paper, &c., the presence of which proved so troublesome during the subsequent treatment.

In making these remarks I do not wish to convey the impression, or express the opinion, that this apparent defect in the primary treatment was on account of carelessness or neglect on the part of myself or others; my only object in referring to the matter is to direct the attention of surgeons to the importance of devising some other means of freeing gun-shot wounds of foreign substances than those usually recommended and adopted. A simple instrument, similar to the probang used for dislodging extraneous substances from the œsophagus, for instance, might

be used to cleanse all wounds admitting of its passage directly through them, excepting, perhaps, those involving important cavities.

The above remarks, hastily drawn up from memory, may serve to give our readers some conception of a surgeon's labor and responsibility upon the field. We are aware, however, that they have been altogether too general in their character to be of much professional utility, or to justify us in continuing them further at this time.—*Illinois and Indiana Medical and Surgical Journal.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 1, 1847.

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*Cabinet of the Academy of Natural Sciences.*—From a note appended to Mr. William H. Dillingham's address, delivered before the Chester (Penn.) Agricultural Society, in September last, are gathered the following facts in regard to the richness of the museum of that favored and favorite institution in Philadelphia, the Academy of Natural Sciences.

By the recent acquisition of the Rivoli and other extensive collections, through the liberality of Dr. Thomas B. Wilson, the Cabinet has the greatest number of birds of any society in the world. Under the auspices of Dr. Morton, the craniological department is extraordinary. The herbarium embraces about 35,000 species of plants. The series of fossil organic remains, illustrative of geology, comprises upwards of 10,000 specimens, and the mineralogical about 3,000. In several other departments, there is a richness of accumulation that is surprising to those who are not accustomed to viewing this kind of concentration of treasures. The library, chiefly restricted to works on Natural History, is the most extensive on the continent, and is increasing. The hall in which the specimens are set up, is fire proof, and seems to be constantly undergoing improvements. It was in this apartment, so captivating to men of science, that the late National Medical Convention held their session.

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*Spratt's Obstetric Tables.*—Messrs. Wagner & M'Guigan, Philadelphia, publishers, have kindly remembered us with a specimen copy of a work of unusual interest to practitioners of midwifery. It must be seen to be appreciated, for when the utmost effort has been made to describe the character of the plates, it will fall far short of the object. Besides being true to nature, there is an artistical finish about them that really gives an idea of individual organs, and the relation which one bears to another. The title-page is an exact key to the interior of the volume. "Obstetric Tables: comprising graphic illustrations, with descriptions and practical remarks; exhibiting, on dissected plates, many important subjects in midwifery. By G. Spratt, Surgeon-acconcheur. First American edition, from the fourth and greatly improved London edition, carefully revised, and with additional notes and plates." Although the name of the American editor is unknown to us, his views of the merits of these tables

accord with our own, and his own prefatory words are therefore taken, as they are addressed to the medical public. "The superiority of the present work over any other series of obstetrical illustrations, is universally admitted. It is a happy combination of the picture and the model; combining the convenience of one with the completeness of the other. To the busy practitioner, who wants something to refresh his memory, it obviates the necessity for continued *post-mortem* examination, by supplying every point of reference he can possibly require. To the student it is equivalent to a whole course of practical demonstrations, with the advantage that it can be carried about with him, and studied wherever he may desire. This is particularly the case with the plates explaining the use of the instruments. No single picture could ever convey the same ideas, and enable the student to understand the descriptions, but these dissected plates are almost equal to the manakin itself."

One gentleman observed, in regard to this edition, that the plates were a shade inferior to the original English; but this we think was imaginary, since, in the estimation of others, they are so exactly like those from which they were copied, that no one could discover a difference. This fault finding with American editions, is a growing sin with a class of very exacting bibliomaniacs, who pride themselves in always having foreign books, even to the binding. We are determined to encourage native talent and native enterprise, from principle; and if a re-published volume happens to fall a trifle below the exact standard of English mechanical nicety, we will not throw it away, or even complain. Our professional libraries would be costly collections were it not for the bold enterprise of American publishers.

With respect to the instructions in the text connected with these tables, which contemplate nothing more than familiarizing the accoucheur with what always occurs in parturition and the contingencies that sometimes accompany labor, they are eminently satisfactory. In closing these comments on the Obstetric Tables, we are very free to express a sincere hope that every practitioner who can afford the expense, will provide himself with them.

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*Bellevue Hospital, New York.*—We learn from New York, that the promised re-organization of the Medical Department of Bellevue Hospital has at length been completed. Dr. Reese has been re-appointed Resident Physician, and there are now no less than twenty-six medical men associated with him in conducting the affairs of that great hospital; viz., four consulting physicians and surgeons, twelve visiting physicians and surgeons, and ten assistant physicians. Among others of the faculty chosen as members of this Medical Board, we observe the names of Drs. Mott, Stevens, Francis, Parker, and others distinguished for exalted merit in the profession. Such an organization promises the best results, and we shall hope to hear often from some of the practical men concerned.

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*Medical Dinner in New York.*—Nearly three hundred physicians dined together at the Astor House, in New York, on the 16th ult. The occasion was the 5th anniversary of the Society for the Relief of Widows and Orphans of Medical Men, a most worthy institution, and one which ought to be found in every city of our country. The President, Dr. Delafield, offici-

ated at the table; and among the distinguished guests, were Prof. Agassiz, the naturalist, and other gentlemen from abroad, eminent in the kindred professions. Many of the speeches were of a high order, and during the evening it was proved that both poetry and music were cultivated by medical men, the specimens of each being highly creditable. The exercises were prolonged to a late hour, by sentiments, speeches, songs, &c., enlivened by an excellent band discoursing in sweetest strains appropriate melodies. The effect of such entertainments upon the morale of the profession, when conducted as this was, without excess, cannot but be productive of good to the social relations of medical men. If they mingled more frequently together, they would learn to respect each other more, by discovering excellencies of character which need only to be known to be appreciated. The recent formation of the New York Academy has in this way had a moral effect which is seen in the greater harmony of the profession throughout the city.

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*Medical Celebration in New York.*—The anniversary oration before the New York Academy of Medicine, was delivered by Dr. John W. Francis, on the 10th of November, in the Broadway Tabernacle. As the oration is soon to be published, we need only say that it was alike practical and profound, worthy of the high reputation of the orator, who is a veteran in the profession, and has long been honored at home and abroad for his scholarship and worth. It is a good omen of the popular interest in our science, as well as an indication of the public estimate of the orator, that the spacious building was crowded to its utmost capacity, and hundreds were unable to gain admission. It is supposed that 4000 persons listened, throughout, to the oration, which occupied two hours and a quarter, and was only interrupted by the frequent applause which greeted the orator to its close. The Academy may well be proud of this their first anniversary.

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*"A New Medical Dictionary"*—Containing an Explanation of the Terms in Anatomy, Human and Comparative, Physiology, Practice of Medicine, Obstetrics, Surgery, Therapeutics, Materia Medica, Pharmacy, Chemistry, Botany, Natural Philosophy: With the Formulas of the Principal Pharmacopœias, and Valuable Practical Articles on the Treatment of Disease. On the Basis of Hooper and Grant, adapted to the present state of science, and for the use of medical students and the profession. By D. Pereira Gardner, M.D., &c. &c. New York, Harper & Brothers, 1847.—We thank the editor and publishers for this very valuable work. It is a closely-printed double-column octavo volume, of 686 pages. It is a dictionary in the strict use of the word, a full vocabulary, with a precise definition of each word, together with its etymology and often synonyme. With this, is that which adds greatly to its value. It gives the applications of terms to diseases themselves, and to an extent which is of practical advantage. In other words, a history of the disease accompanies the definition. In this it is like other books on the same plan. Its advantage over others is more especially in this, that it shows what is the present state of knowledge concerning what it treats. Thus in chemistry, more particularly organic, in which department of the science great advance has been made, almost a new science created, we have the words adapted to discoveries, or new views, and these carefully defined. The latest formulas, and their expres-

sion, which give entire precision to that which they concern, are introduced, and carefully defined, and thus the student greatly aided. The same is true of other collateral sciences.

We said this was a dictionary. It is, then, what it purports to be, and in an excellent kind. It is very full. It must be so to accomplish its purpose. A man may want the definition but once in his life. When the occasion arises, he must have what is demanded. This volume is recommended to the student and physician. To the general scholar it will be of very useful reference. Science has spread itself over the whole field of literature, and its language is widely used and must often want an interpreter.

W. C.

*Bosjemans.*—Mr. Chase, an American Consul from the Cape of Good-hope, has brought to this city, a boy from Southern Africa, who belongs to that branch of the great family of man, called Bosjemans or Bushmen. These people, who are nothing more nor less than Hottentots—and known to the other native inhabitants as the wild Hottentots—occupy a remote region of the interior, some fifteen hundred miles from Cape Town. They live on vermin, sleep in caves and holes, nearly in a state of nakedness, and, owing to the low physical condition to which they are reduced, seem to have degenerated in size—the tallest of them being represented as only about four feet and a half. The skin of this lad is of the color of a light mulatto; the hair is woolly, but springs out of the scalp in knotty parcels, and is by no means luxuriant. His eyes are bright, cheek bones high, teeth small and well set, nose particularly flat, but the lips are not over thick; the face is somewhat triangular. Gentlemen who have examined this new specimen of mankind, now first seen in America, were struck with the development of the frontal region. Without knowing his origin, had he been met in the street, he would have been taken for a tolerably intelligent mulatto boy of small stature. We recognize him as one of a family of Hottentots, whose exposure to the vicissitudes of the seasons, the fear of enemies, neighboring tribes, animals of prey, &c., has stunted their bodily growth and deteriorated their mental energies. Feed them on generous diet, clothe them, and place them under elevating moral influences, and their descendants would soon attain to the natural stature of their relatives, the better fed and more powerful, although degraded, Hottentots. This boy, when surrounded by the group of learned gentlemen who were kindly invited to examine him, was evidently frightened, and we noticed that the tears trickled down his cheeks. This was an unmistakable evidence of the workings of a deep-seated humanity, that is susceptible of moral culture and religious feelings of accountability.

As a curiosity, certainly a rare one, all persons who are interested in the study of anthropology, should visit the Boston Museum while the Bosjeman remains. Mr. Kimball has placed many of the literary and scientific residents of the city under obligations, by inviting them to examine the stranger by themselves, unmolested by a crowd, before the commencement of a general public exhibition.

*Wood's Quarterly Retrospect, No. 2.*—This is made up of selections from the medical journals. One portion of this number is devoted exclusively to American selections, and the other to foreign. The former gives

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evidence of the skill, research and industry of our own surgeons and physicians. Messrs. R. & G. S. Wood, of New York, are the publishers. There are seventeen medical journals now printed in the United States, sustaining the good name and fame of a learned profession, and teeming with the thoughts, suggestions, discoveries, experience and attainments of men devoted to the responsible duty of ameliorating human suffering. In these there is food enough at least to feed the department of this Quarterly Retrospect expressly set apart for this purpose, if not to fill the whole work. Let us have some nationality in medical literature, as well as in other things, and not pretend to needless poverty in that respect, by unnecessarily borrowing or begging. If Messrs. Wood pursue this plan, they may be sure of a disposition to sustain them in the experiment of an American Quarterly Retrospect.

*Copying from Newspapers.*—Correspondents, from various parts of the compass, sometimes send us articles cut from newspapers, which they themselves have written—possessing local interest, undoubtedly, but when these long strips reach Boston they have lost both their pungency and odor. Many of these printed communications would have been published by us, had they been sent here in the first instance; but we wish it distinctly understood, that, under ordinary circumstances, no such second-hand papers, unless it may be recent general intelligence, are admissible. It is our ambition to serve our patrons, as respectable travellers at the best hotels are entertained, at the first table. Fragments may always be picked up by the way side.

*Multiplicity of Doctors.*—The fact of the excessive supply of medical men to the community beyond all demand, might be set down among the matters mentioned by Solomon as unaccountable. Gold may fail—corn may fail—but doctors never are deficient; there is always a stock on hand. This over-supply is met with, not only in this country, but in France also; and this is evidenced by the assertion given in the French papers, that above 150 physicians in Paris alone, at the present moment, are desirous of obtaining posts as sanitary physicians—a class which, by the recent quarantine regulations, is to be established in the ports of France, at home and abroad. This number, which increases daily, sufficiently indicates the state of the medical body in Paris.—*London Lancet.*

TO CORRESPONDENTS.—A paper on Marine Hospitals in the United States, and one by "Paracelsus" on Medical Ethics, have been received.

MARRIED.—In Brunswick, Me., George W. Woodhouse, M.D., of Meredith, N. H., to Miss Elizabeth A. Cleveland, daughter of Professor Cleveland of Bowdoin College.—P. A. Jewett, M.D., of New Haven, Conn., to Miss J. M. Carrington.

DIED.—At Sharon, Vt., Jason C. Spaulding, M.D., a skilful physician and honest man, much lamented, 47.—At Saxonville, Mass., Dr. John T. Haven, 28.

*Report of Deaths in Boston*—for the week ending Nov. 27th. 66.—Males, 34—females, 32.—Stillborn, 10. Of consumption, 13—brain fever, 2—scarlet fever, 3—lung fever, 8—typhus fever, 9—rheumatic fever, 1—smallpox, 1—intemperance, 1—old age, 2—accidental, 2—infantile, 2—pleurisy, 1—teething, 3—croup, 3—disease of the bowels, 2—convulsions, 1—dropsy, 2—diarrhoea, 2—abscess, 1—dropsy on the brain, 1—cholera infantum, 1—disease of the liver, 1—cancer, 1—child-bed, 1—inflammation of the lungs, 1—dysentery, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 11—over 60 years, 9.

*A Case of Glossitis—Maltreatment, nearly resulting in Death.* By T. P. BICKNELL, M.D.—E. W——th, a lad æt. 12, was attacked about two weeks since by this rare, although not to be mistaken disease. A quack was called in, who came to the wise conclusion that it was a "difficulty!" in the mouth! and ordered poultices under the chin; saying, that he "would draw it to a head, then he could let the matter out, and thereby effect a cure!"

The child grew worse rapidly; the friends became alarmed, and in about six days from the commencement of the disease, I was called to see him. I found the tongue red and swollen, filling the whole cavity of the mouth, and thrust out between the teeth, appearing like a mass of raw flesh! The respiration was extremely difficult, deglutition almost impossible. I immediately made two deep incisions into the substance of the tongue, from which issued nearly a pint of dark, grumous blood, with evident relief; prescribed nauseating doses of vinum antimonii every hour, and left him quite comfortable. In about three hours the incisions closed and the tongue rapidly increased in size. The quack was again called, who persuaded the friends that I was killing the child. Another quack was sent for, in order to hold a consultation! They agreed as to the "difficulty!" and sagely concluded that there was matter under the chin, "which must be let out." They then proceeded to puncture under the chin, and of course found no matter; but told the friends there would be plenty of "matter" in a few days.

The child grew worse, and was momentarily in danger of suffocation. The father came to me about 12 hours after the puncture under the chin had been made, and with tears in his eyes implored me to take charge of the patient, saying that he was satisfied the child must die under their course of treatment.

At this late period I again took charge of him. With a scalpel introduced flatways between the tongue and the teeth, I made two deep incisions, nearly dividing the whole substance of the tongue from the root to the tip, from which again issued above a pint of dark offensive grumous blood, which afforded almost instantaneous relief. In twenty hours he could shut his teeth over his tongue, and articulate distinctly; on the third day he was nearly well, the incisions in his tongue healing kindly.—*Illinois and Indiana Medical Journal.*

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*How to distinguish Stains of Blood from other Stains.*—Peroz found that blood-stains are blackened by hypochlorous acid, while most coloring substances are bleached by it. Brame adds, that hypochlorous acid should be free from perchloride of mercury, as it is easily obtained by Williamson's method, or by agitating fresh chlorine water with peroxide of mercury. The same author advises removing the stains with faintly-alkaline water, and then performing the experiment in a glass tube. The solution then appears, at a certain degree of concentration, red by reflected light and greenish by transmitted light. M. Buchner states, that the presence of mercury does not appear to interfere in the least with the reaction of the acid, and that the blood stains instantly become brown, but not black. Chloride of lime or chloride of soda and an addition of inuriatic acid may also be employed.—*Chem. Gaz., from Liebig's Annalen.*